



New York City Administration for Children's Services

Division of Early Care and Education

Area Representative Eligibility



The ACS grantee must establish the City-Wide Policy Council as early in the program year as possible. We stress the importance of The Area Representative Candidate to the ultimate parent election process. We ask that you submit this documentation immediately following the DAPC election.

As part of the 2015 Parent Election process that includes the selection of the Area Representative Candidate, this form stands to introduce and certify the eligibility of the following Delegate Agency Policy Committee/Council Parent Representative from name of agency: _____

The qualifying Area or Alternate Representative candidate or the Area and Alternate Representatives **must** be a parent of a Head Start/Dually Eligible child who is enrolled in the program.

CERTIFICATION OF ELIGIBILITY OF AREA REPRESENTATIVE CANDIDATES

The Delegate Agency Head Start Director certifies the eligibility of any parent nominated as a potential candidate for the Area and /or Alternate Representative positions. The qualification of an Area and /or Alternate Representative candidate is that he/she must be a Head Start parent, as defined by 45 CFR 1306.3 (h), who has a child currently enrolled in the program at the time of his/her installation as a member of the City-Wide Policy Council. The 45 CFR 1306.3(h) definition of a Head Start parent is: "a Head Start child's mother or father, other family member who is a primary caregiver, foster parent, guardian, or the person with whom the child has been placed for purposes of adoption pending a final adoption decree"

The following representative was elected as a **candidate** to participate in the area cluster election for an Area or Alternate Representative member to the City-Wide Head Start Policy Council.

Name of Area or Alternate Representative Candidate: _____

Address: _____ Email: _____

Borough: _____ Zip Code: _____ Telephone: _____

Name of Delegate Agency _____ Telephone _____ Date _____

Head Start Early Learn Director
Signature

Date

E-Mail Address